Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 81804NAB				
	As below named invento	or, I hereby decla	re that:									
My r	esidence, post office address a	nd citizenship are	e as stated below ne	xt to	my name,	C4 1 !		tau (if ml	1	ara listad		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
VE	RTICAL BLACK	LINE REM	IOVAL IMP	LE	MENTATION							
The	specification of which (check	only one item bel	ow).									
X	is attached hereto.											
	was filed as United States Application Serial No. on and											
	was amended on (if applicable).											
	was filed as PCT international application Number on and was amended on (if applicable).											
I her	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment											
referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title												
37. Code of Federal Regulations, §1.56.												
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's												
ertificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least												
one	country other than the United	States of Americ	a filed by me on the	e sam	e subject matter having a f	filing date b	efore tha	t of the appl	ication(s) of which		
≋≢ ≋annio	rity is claimed: OR FOREIGN/PCT APPLI											
PRI					DATE OF FILING			PRIORITY CLAIMED U	INDER 35 USC	§119		
	COUNTRY (if PCT, indicate PCT)	AP	PLICATION NUMBER		(mnth/dayyear)		<u> </u>	YES		ИО		
2 F						<u> </u>		YES		NO		
ļ 								YES		NO		
									<u> </u>			
I he	reby claim the benefit under T	itle 35, United St	tates Code, 119 §(e) of a	ny United States provision	al application	n(s) liste	d below:				
PR	IOR PROVISIONAL APPLI	ICATION(S) AN	D ANY PRIORITY	/ CL	AIMS UNDER 35 U.S.C.	§119 (e):		-				
	PROVISIONAL AP	PLICATION NUMBER				FILING DATE (mo	onth/day/year)					
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		·				· () PC		. 1 . 1:	43 (-)	1itime		
the	reby claim the benefit under I United States of America that	is/are listed below	w and, insofar as the	e sub	iect matter of each of the o	laims of thi	s appnca	mon is not a	isciosed	т шагшов		
l	or applications(s) in the mann- tice all information known to	or promided by th	e firet naragranh of	Title	35 8112 Lacknowledge	the duty to	disclose	to the U.S.	Patent &	: Trademark		
bet	ween the filing date of the price	or application(s) a	and the national or P	CT i	nternational filing date of t	his applicati	on:	ů ,				
	IOR US APPLICATIONS C	R PCT INTERN	NATIONAL APPL	ICAT	IONS DESIGNATING T	HE U.S FO	R BEN	EFIT UNDE	R			
35USC§120: U.S. APPLICATIONS						STATUS (Check one)						
U.S. APPLICATION NUMBER			U S FILING DATE			PATENT	ED	PENDING	AB.	ANDONED		
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PCT APPLICATION NO PCT FILE			ING DATE U.S SERIAL NUMBERS ASSIGNED (if any)									
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				ower of Attorney (Continued)		ATTORNEY DOCKET 81804NAB			
ag th	gent(s) as	sociated with Eastm ation and transact al	an Kodal	I inventor, I hereby apports in the Patent and Trad	No. 0	1333 to prosecute			
Se	nd Corresp	ondence to:	T 1 C4	_ CC	Direct Telephone Calls to:				
		Eastm 343 St	ate Stree	c Company		Nelson A. Blish (585) 588-2720 FAX: (585) 477-4646			
2	FULL NAME OF INVENTOR	FAMILY NAME Bernstein		FIRST GIVEN NAME Lawrence		SECOND GIVEN NAME J.			
0	RESIDENCE & CITIZENSHIP	CITY Honeoye Falls		STATE OR FOREIGN COUNTRY New York 14472 USA	COUNTRY OF CITIZENSHIP USA				
, }	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY 343 State Street, Rochester		STATE & ZIP CODE (COUNTRY) New York 14650 USA				
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	INVENTOR RESIDENCE &	Lee CITY		Yongchun STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
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3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME				
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4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME			
0	RESIDENCE & CITY CITEENSHIP			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME			
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
6		BUSINESS ADDRESS ADDRESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)			
I h tru imp	In hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issue thereon. SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 203								
DA	Im Jan	4, 2002	DATE	1/15/2002	DATE	DATE			
SIG	NATURE OF IN	IVENTOR 204	SIGNATUR	E OF INVENTOR 205	SIGN	ATURE OF INVENTOR 206			

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